

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Nexus Bankruptcy Benjamin Heston 3090 Bristol Street #400 Costa Mesa, CA 92626 Phone: (949) 312-1377 Email: ben@nexusbk.com Bar Number: 297798 Attorney for Debtor		FOR COURT USE ONLY	
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION			
In re: Casey Stephen Wallace Michelle Lauren Lucero Cagonot		CASE NO.: 8:25-bk-10963-TA CHAPTER: 7	
		DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
		[No hearing required]	
Debtor(s).			

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 03/31/2025 Casey Stephen Wallace
Printed name of Debtor 1


Signature of Debtor 1

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☒ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*

☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 03/31/2025 Michelle Lauren Lucero Cagonot
Printed name of Debtor 2


Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.



Employer Name: F21 OpCo, LLC
Employer Phone: 201-508-1932
Employer Address: 110 E. 9th Street
 Suite A500
 Los Angeles, CA 90079

Employee Name: Michelle L. Cagoy
Employee #: 775468
Employee Address: 1525 Baypointe Dr
 Newport Beach, CA 92660
Department: Retail F21
Job Title: Assistant Store Manager
Pay Group: US WEST
Site: 01708 SOUTH COAST
 PLAZA
Pay Type: Hourly

Pay Date: 3/7/2025
Pay Period: 2/16/2025 - 3/1/2025
Deposit Advice #: 913065387
Pay Frequency: Bi-Weekly
Pay Rate: 26.9800
Federal Filing Status: Married
Federal 2c/Extra: Yes/\$0.00
Withholding:
State Filing Status: Single (CA)
State Exemptions: 1/\$0.00 (CA)

	Current 2/16/2025 - 3/1/2025			YTD As of 3/1/2025	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings	93.02		\$2,509.59	427.44	\$11,641.64
Regular Earnings	37.02	26.9800	\$998.71	288.32	\$7,778.78
Overtime				0.67	\$26.98
Sick Pay	40.00	26.9800	\$1,079.20	82.00	\$2,212.36
Paid Time Off	16.00	26.9800	\$431.68	48.00	\$1,295.04
Meal Premium Pay				1.00	\$26.98
Holiday Work 1.5x				7.45	\$301.50
Taxable Benefits			\$0.32		\$1.60
Group Term Life			\$0.32		\$1.60
Pre-Tax Deductions			\$450.03		\$2,195.74
Delta Dental			\$14.24		\$71.20
Health Care FSA			\$50.00		\$250.00
Premium PPO Plan			\$235.21		\$1,176.05
401K PreTax			\$150.58		\$698.49
Taxes			\$419.74		\$1,864.05
Federal Tax			\$168.74		\$741.49
Social Security			\$137.05		\$629.05
Medicare			\$32.05		\$147.12
CA State			\$55.38		\$224.66
CA Disability			\$26.52		\$121.73
Post-Tax Deductions			\$0.46		\$2.30
Dependent Life			\$0.46		\$2.30
	Routing #	Account #	Amount		Amount
Net Pay			\$1,639.36		\$7,579.55
Direct Deposit	322274187	XXXXXXXXXX4009	\$1,639.36		



Employer Name: F21 OpCo, LLC
Employer Phone: 201-508-1932
Employer Address: 110 E. 9th Street
 Suite A500
 Los Angeles, CA 90079

Employee Name: Michelle L. Cagoy
Employee #: 775468
Employee Address: 1525 Baypointe Dr
 Newport Beach, CA 92660
Department: Retail F21
Job Title: Assistant Store Manager
Pay Group: US WEST
Site: 01708 SOUTH COAST
 PLAZA
Pay Type: Hourly

Pay Date: 2/21/2025
Pay Period: 2/2/2025 - 2/15/2025
Deposit Advice #: 906550363
Pay Frequency: Bi-Weekly
Pay Rate: 26.9800
Federal Filing Status: Married
Federal 2c/Extra: Yes/\$0.00
Withholding:
State Filing Status: Single (CA)
State Exemptions: 1/\$0.00 (CA)

	Current 2/2/2025 - 2/15/2025			YTD As of 2/15/2025	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings	82.00		\$2,212.36	334.42	\$9,132.05
Regular Earnings	57.00	26.9800	\$1,537.86	251.30	\$6,780.07
Overtime				0.67	\$26.98
Sick Pay	9.00	26.9800	\$242.82	42.00	\$1,133.16
Paid Time Off	16.00	26.9800	\$431.68	32.00	\$863.36
Meal Premium Pay				1.00	\$26.98
Holiday Work 1.5x				7.45	\$301.50
Taxable Benefits			\$0.32		\$1.28
Group Term Life			\$0.32		\$1.28
Pre-Tax Deductions			\$432.19		\$1,745.71
Delta Dental			\$14.24		\$56.96
Health Care FSA			\$50.00		\$200.00
Premium PPO Plan			\$235.21		\$940.84
401K PreTax			\$132.74		\$547.91
Taxes			\$341.48		\$1,444.31
Federal Tax			\$135.22		\$572.75
Social Security			\$118.62		\$492.00
Medicare			\$27.75		\$115.07
CA State			\$36.94		\$169.28
CA Disability			\$22.95		\$95.21
Post-Tax Deductions			\$0.46		\$1.84
Dependent Life			\$0.46		\$1.84
	Routing #	Account #	Amount		Amount
Net Pay			\$1,438.23		\$5,940.19
Direct Deposit	322274187	XXXXXXXXXX4009	\$1,438.23		



California Healthcare Clinical Employee
2600 Dallas Parkway
Ste 290
Frisco, TX 75034
800-929-4776

Pay Statement	
Period Start Date	03/16/2025
Period End Date	03/29/2025
Pay Date	04/04/2025
Document	177877044
Net Pay	\$2,170.97

Pay Details

CASEY STEPHEN WALLACE 1525 BAYPOINTE DRIVE NEWPORT BEACH, CA 92660 USA	Employee Number	100288	Pay Group	6B0 Biweekly
	SSN	XXX-XX-XXXX	Location	Orange - N Tustin
	Job	Clinic Dir	Region	LAOC - Los Angeles - Orange Coun
	Pay Rate	\$50.5106	Department	CLINOP - Clinical Operations
	Pay Frequency	Biweekly	Division	DIR - Director
			GL Location	ORA - Orange

Earnings

Pay Type	Hours	Current	YTD
Holiday	0.000000	\$0.00	\$808.16
Regular	60.000000	\$3,030.63	\$24,750.18
Sick Pay	20.000000	\$1,010.22	\$2,020.44
Vacation	0.000000	\$0.00	\$707.15
Total Hours 80.000000			

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$323.27	\$2,262.89	—	—
401k Loan	No	\$328.09	\$2,296.63	\$0.00	\$0.00
Dental	Yes	\$17.64	\$123.20	—	—
FSA - Medical	Yes	\$115.39	\$788.50	\$0.00	\$0.00
Vision	Yes	\$3.74	\$26.18	—	—

Taxes

Tax	Current	YTD
Federal Income Tax	\$538.01	\$3,770.36
Employee Medicare	\$56.61	\$396.55
Social Security Employee Tax	\$242.05	\$1,695.58
CA State Income Tax	\$198.23	\$1,389.61
CA Disability Employee	\$46.85	\$328.18

Paid Time Off

Plan	Taken	Current	Balance
State Sick	40.0000	0.0000	0.0000
Vacation	14.0000	6.1500	35.2500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx8118	Checking	\$2,170.97
Total		\$2,170.97

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,040.85	\$3,580.81	\$1,081.75	\$788.13	\$2,170.97
YTD	\$28,285.93	\$25,085.16	\$7,580.28	\$5,497.40	\$15,208.25



California Healthcare Clinical Employee
2600 Dallas Parkway
Ste 290
Frisco, TX 75034
800-929-4776

Pay Statement

Period Start Date 03/02/2025
Period End Date 03/15/2025
Pay Date 03/21/2025
Document 175339991

Net Pay \$2,170.96

Pay Details

CASEY STEPHEN WALLACE 1525 BAYPOINTE DRIVE NEWPORT BEACH, CA 92660 USA	Employee Number 100288 SSN XXX-XX-XXXX Job Clinic Dir Pay Rate \$50.5106 Pay Frequency Biweekly	Pay Group 6B0 Biweekly Location Orange - N Tustin Region LAOC - Los Angeles - Orange Coun Department CLINOP - Clinical Operations Division DIR - Director GL Location ORA - Orange
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Earnings

Pay Type	Hours	Current	YTD
Holiday	0.000000	\$0.00	\$808.16
Regular	70.000000	\$3,535.74	\$21,719.55
Sick Pay	0.000000	\$0.00	\$1,010.22
Vacation	10.000000	\$505.11	\$707.15

Total Hours 80.000000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$323.27	\$1,939.62	—	—
401k Loan	No	\$328.09	\$1,968.54	\$0.00	\$0.00
Dental	Yes	\$17.64	\$105.56	—	—
FSA - Medical	Yes	\$115.39	\$673.11	\$0.00	\$0.00
Vision	Yes	\$3.74	\$22.44	—	—

Taxes

Tax	Current	YTD
Federal Income Tax	\$538.01	\$3,232.35
Employee Medicare	\$56.61	\$339.94
Social Security Employee Tax	\$242.06	\$1,453.53
CA State Income Tax	\$198.23	\$1,191.38
CA Disability Employee	\$46.85	\$281.33

Paid Time Off

Plan	Taken	Current	Balance
State Sick	20.0000	0.0000	20.0000
Vacation	14.0000	6.1500	29.1000

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx8118	Checking	\$2,170.96
Total		\$2,170.96

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,040.85	\$3,580.81	\$1,081.76	\$788.13	\$2,170.96
YTD	\$24,245.08	\$21,504.35	\$6,498.53	\$4,709.27	\$13,037.28



California Healthcare Clinical Employee
2600 Dallas Parkway
Ste 290
Frisco, TX 75034
800-929-4776

Pay Statement	
Period Start Date	02/16/2025
Period End Date	03/01/2025
Pay Date	03/07/2025
Document	170850026
Net Pay	\$2,170.96

Pay Details

CASEY STEPHEN WALLACE 1525 BAYPOINTE DRIVE NEWPORT BEACH, CA 92660 USA	Employee Number	100288	Pay Group	6B0 Biweekly
	SSN	XXX-XX-XXXX	Location	Orange - N Tustin
	Job	Clinic Dir	Region	LAOC - Los Angeles - Orange Coun
	Pay Rate	\$50.5106	Department	CLINOP - Clinical Operations
	Pay Frequency	Biweekly	Division	DIR - Director
			GL Location	ORA - Orange

Earnings

Pay Type	Hours	Current	YTD
Holiday	0.000000	\$0.00	\$808.16
Regular	76.000000	\$3,838.80	\$18,183.81
Sick Pay	0.000000	\$0.00	\$1,010.22
Vacation	4.000000	\$202.04	\$202.04

Total Hours 80.000000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$323.27	\$1,616.35	—	—
401k Loan	No	\$328.09	\$1,640.45	\$0.00	\$0.00
Dental	Yes	\$17.64	\$87.92	—	—
FSA - Medical	Yes	\$115.39	\$557.72	\$0.00	\$0.00
Vision	Yes	\$3.74	\$18.70	—	—

Taxes

Tax	Current	YTD
Federal Income Tax	\$538.01	\$2,694.34
Employee Medicare	\$56.61	\$283.33
Social Security Employee Tax	\$242.05	\$1,211.47
CA State Income Tax	\$198.23	\$993.15
CA Disability Employee	\$46.85	\$234.48

Paid Time Off

Plan	Taken	Current	Balance
State Sick	20.0000	0.0000	20.0000
Vacation	4.0000	6.1500	32.9500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx8118	Checking	\$2,170.96
Total		\$2,170.96

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,040.84	\$3,580.80	\$1,081.75	\$788.13	\$2,170.96
YTD	\$20,204.23	\$17,923.54	\$5,416.77	\$3,921.14	\$10,866.32



AEO

AE CORPORATE SERVICES CO
AE RETAIL WEST LLC
77 HOT METAL STREET
PITTSBURGH, PA 15203

Period Beginning: 02/23/2025
Period Ending: 03/08/2025
Pay Date: 03/14/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

MICHELLE L CAGONOT
1525 BAYPOINTE DR
NEWPORT BEACH CA 92660

Earnings	rate	hours	this period	year to date
Regular	28.0000	15.62	437.36	437.36
Rest Premium	28.0000	1.00	28.00	28.00
Gross Pay			\$465.36	465.36

Other Benefits and Information	this period	total to date
Basis of Pay		Hourly
Emplid		6095535

Deductions	Statutory		year to date
	Social Security Tax	-28.85	28.85
	Medicare Tax	-6.75	6.75
	CA SDI Tax	-5.58	5.58
	Net Pay	\$424.18	
	Direct Deposit	-424.18	424.18
	Net Check	\$0.00	

Important Notes
YOUR COMPANY PHONE NUMBER IS 412-432-3300

Additional Tax Withholding Information
Taxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 2

Your federal taxable wages this period are \$465.36

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AE CORPORATE SERVICES CO
AE RETAIL WEST LLC
77 HOT METAL STREET
PITTSBURGH, PA 15203

Advice number: 00000110632
Pay date: 03/14/2025

Deposited to the account of	account number	transit ABA	amount
MICHELLE L CAGONOT	xxxxxxx4009	xxxx xxxx	\$424.18

THIS IS NOT A CHECK

NON-NEGOTIABLE



AEO

AE CORPORATE SERVICES CO
AE RETAIL WEST LLC
77 HOT METAL STREET
PITTSBURGH, PA 15203

Period Beginning: 03/09/2025
Period Ending: 03/22/2025
Pay Date: 03/28/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

MICHELLE L CAGONOT
1525 BAYPOINTE DR
NEWPORT BEACH CA 92660

Earnings	rate	hours	this period	year to date
Regular	28.0000	79.03	2,212.84	2,650.20
Overtime	42.0000	.28	11.76	11.76
Ltd Tax Choice			3.81	3.81
Rest Premium	28.0000	1.00	28.00	56.00
S Dis Taxfree			13.45	13.45
Gross Pay			\$2,269.86	2,735.22

Your federal taxable wages this period are
\$1,711.02

Other Benefits and Information	this period	total to date
Group Term Life	0.42	0.42

Basis of Pay Hourly
Emplid 6095535

Important Notes
YOUR COMPANY PHONE NUMBER IS 412-432-3300

Additional Tax Withholding Information
Taxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 2

Deductions	Statutory	
Federal Income Tax	-126.92	126.92
Social Security Tax	-106.09	134.94
Medicare Tax	-24.81	31.56
CA State Income Tax	-27.18	27.18
CA SDI Tax	-20.53	26.11
Other		
Cigna Econ Er	-294.26*	294.26
Delta Dppo High	-15.00*	15.00
Dep Care - Ee	-250.00*	250.00
Ltd Tax Choice	-3.81	3.81
S Dis Tax Free	-13.45	13.45
Net Pay	\$1,387.81	
Direct Deposit	-1,387.81	1,811.99
Net Check	\$0.00	

* Excluded from federal taxable wages

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AE CORPORATE SERVICES CO
AE RETAIL WEST LLC
77 HOT METAL STREET
PITTSBURGH, PA 15203

Advice number: 00000130662
Pay date: 03/28/2025

Deposited to the account of	account number	transit ABA	amount
MICHELLE L CAGONOT	xxxxxxx4009	xxxx xxxx	\$1,387.81

THIS IS NOT A CHECK

NON-NEGOTIABLE